CALIFORNIA FORM 700 PAIN POLITICAL PRACTICES COMMISSION 10 HAR 22

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

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A Public Document

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BY:			<u></u>	
 DAYTIME	TELEPI	HONE I	JUMBER	

INAME (ENST) (LIKST)	(MIDDLE) DATTIME TELEPHONE NUMBER
HUEBNER PETER	w
MAILING ADDRESS STREET CITY (Business Address Acceptable)	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	➤ Total number of pages
SIERLA COUNTY	including this cover page:
Divtsion, Board, District, if appttcable:	► Check appticable schedules or "No reportable
150AR) OF SUPERVISALS	interests." I have disclosed interests on one or more of the
BOARD OF SUPERVISIONS Your Position: COUNTY SUPERVISOR, DISTRICT 2	attached schedutes:
▶ If filing for multiple positions, list additional agency(ies)/	Schedule A-1 Yes — schedule attached Investments (Less than 10% Ownership)
position(s): (Attach a separate sheet if necessary.)	Schedule A-2 Yes – schedule attached
Agency: SEC ATTACHED	Investments (10% or Greater Ownership)
Position:	Schedute B Yes – schedute attached Real Property
	Schedule C Yes – schedule attached
2. Jurisdiction of Office (Check at least one box)	Income, Loans, & Business Positions (Income Other than Gills and Travel Payments)
☐ State ✓ County of SIERRA	Schedule D Yes – schedule attached
	Income – Gifts
City of	Schedule E Yes – schedule attached Income – Gifts – Travel Payments
Other May Sens Counties	-or-
	No reportable interests on any schedute
3. Type of Statement (Check at least one box)	
Assuming Office/Initial Date:	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	t have used att reasonable diligence in preparing this
-Or-	statement. I have reviewed this statement and to the best
O The period covered is/, through December 31, 2009.	of my knowledge the information contained herein and in any attached schedules is true and complete.
Leaving Office Date Left:/(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of teaving office.	Date Signed 02/10/2010 (month. day. year)
O The period covered is/, through the date of feaving office.	Signature (File the originally algred statement with your filing official.)
Candidate Etection Year:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
216 FORTY WINER DR CITY SIELLA CITY, CA 96125	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INTEREST A Ownership/Deed of Trust	NATURE OF INTEREST Ownership/Deed of Trust Easement
LeaseholdOther	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	I lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER COLUMBUS, OH 43224	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) 7.3 % None	INTEREST RATE TERM (Months/Years) % None
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$\$1,001 - \$100,000 OVER \$100,000	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700 DMMISSION
Name	

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	► NAME OF SOURCE
AIR QUACITY OF M. CACIF.	NORTECIT
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO BOX 2509 CITY AND STATE	7420 SKY WRY CITY AND STATE
SRASS VALLEY, PA 95945	PARADISE, CA 95969
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 91 12 31 97 AMT: \$ 1188 · 80	DATE(S): 1109-12131; 4 AMT: \$ 1170.07
TYPE OF PAYMENT: (must check one) 🔲 Gift - 🔀 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: TRAVEL to	DESCRIPTION: TRAVEL, Codgias, Mencs
Bonny Meolings	Fox BORRY Heelings
NAME OF SOURCE	NAME OF SOURCE TRINDEL INS. FUND
ADDRESS (Business Address Arceptable)	ADDRESS (Business Address Acceptable)
3017 SOLD CANAL DR	10 BOX 457
CITY AND STATE	Sieus City, CA 96125
RANCHO CORDOVA, CA 95670 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1 11 109 1213/19 AMT: \$ 3849.86	DATE(S): 1119 12311 AMT: s 692.06
TYPE OF PAYMENT: (must check one) 🗍 Giff 🔏 Injoine	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: THAVE! TO BOARD,	DESCRIPTION: TURVEL, LOGING, MIKES
Lodging, Meals.	For Boney Meetings
	-
Comments:	

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

Sierra County Airport Advisory Committee – BOS Alternate

Regional Council of Rural Counties (RCRC) - Alternate

Northern Sierra Air Quality Management District – BOS Representative P.O. Box 2305
Grass Valley, CA 95945

NoRTEC, (Northern Rural Training and Employment Consortium) – Member 7420 Skyway Paradise, CA 95969

CSAC – Excess Insurance Authority – Alternate 301 Gold Canal Drive Rancho Cordova, CA 95670

Trindel Board of Directors – Alternate P.O. Box 289 Sierra City, CA 96125

Long Valley Groundwater Management District – Director #7
C/O Lassen Count Dept. of Community Development
707 Nevada Street, Suite 5
Susanville, CA 96130

JURISDICTION OF OFFICE

MULTI-COUNTY

Alameda Alpine Amador Butte Calaveras Colusa Contra Costa Del Norte El Dorado Fresno Glenn Humboldt Imperial Inyo Kern Kings Lake Lassen Madera Mann Mariposa Mendocino Merced Modoc Mono Monterey Napa

Nevada Placer Plumas Riverside Sacramento San Benito San Bemardino San Diego San Joaquin San Luis Obispo Santa Barbara Santa Clara Santa Cruz Shasta Sierra Siskiyou Solano Sonoma Stanislaus Sutter Tehama Trinity Tulare Tuolumne Ventura Yolo

Yuba



SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



AMENDMENT



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	► NAME OF SOURCE
Peter W. Huebner ADORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
	7.001.1200 (2553)/650 (1603)650 (1603)650)
P.O. Box 349 CITY AND STATE	CITY AND STATE
Sierra City CA 06125	
Sierra City, CA 96125 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board of Supervisor, District 2	
OATE(S):	OATE(S): AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
OESCRIPTION:	OESCRIPTION:
► NAME OF SOURCE	Verification
AOORESS (Business Address Acceptable)	Print Name Peter W. Huebner
CITY AND STATE	Office, Agency Board of Supervisor, Dist. 2 or Court Statement Type *2009/2010 Annual Assuming Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Candidate
OATE(S):	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
OATE(S): AMT: \$	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
TYPE OF PAYMENT: (must check one) Gift Income	Date Signed 05-2/-/0 (month, day, year)
OESCRIPTION:	
	Signature

Comments: See ATTACUEY	
,	

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STREET

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

(MIDDLE)

W

STATE

Please type or print in ink.

(LAST)

NAME

Huebner

MAILING ADDRESS

2010 MAY 25 AN IA Public Document

(FIRST)

Peter

CITY



Date Received

	MAY 1 8 2010
	DAY TIME: TELEPHONE NUMBER
ZIP CODE	OPTIONAL: E-MAIL ADDRESS

Edistress Address Acceptable)	
1. Office, Agency, or Court	4. Schedule
Name of Office, Agency, or Court:	► Total number
sierra county	including this
Division, Board, District, if applicable:	► Check applical
board of supervisors	interests."
Your Position:	I have disclose attached sched
county supervisor, district two	Schedule A-1
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)	Investments (Less
Agency: see attached	Schedule A-2 Investments (10%
Position:	Schedule B Real Property
2. Jurisdiction of Office (Check at least one box)	Schedule C Income, Loans, & and Traver Payments
☐ State X County of sierra	Schedule D
City of	Schedule E
Multi-County See List Attached.	income - Gifts -
	Ma
3. Type of Statement (Check at least one box)	No reportab
Assuming Office/Initial Date:/	5. Verification
Annual: The period covered is January 1, 2009, through December 31, 2009.	I have used all statement. I have of my knowledge t
O The period covered is/, through December 31, 2009.	attached schedule
Leaving Office Date Left:/(Check one)	I certify under per of California that
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed
O The period covered is	Signature
Candidate Election Year:	<u> </u>

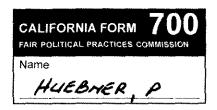
4. Schedule Summary		
► Total number of pages including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)		
Schedule B X Yes – schedule attached Real Property		
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D Yes – schedule attached Income - Gifts		
Schedule E 🔀 Yes – schedule attached Income - Gifts – Travel Payments		
-or-		
No reportable interests on any schedule		

reasonable diligence in preparing this e reviewed this statement and to the best the information contained herein and in any es is true and complete.

alty of perjury under the laws of the State the foregoing is true and correct.

Date Signed	03/05/10
	(month, day, year)
Signature	e the originally signed statement with your hing official)

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	▶ NAME OF SOURCE
air quality board	nortech
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
po box 2509	7420 Skyway
CITY AND STATE	CITY AND STATE
grass valley, Ca 95945	paradise, Ca 95969
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1 / 1 / 09 - 12 / 31 / 09 AMT: \$ 1188.80	DATE(S): 1 / 1 / 09 / 12 / 31 AMT: \$ 1170.07
TYPE OF PAYMENT: (must check one) Gift X Income	TYPE OF PAYMENT: (must check one) 🗍 Gift 🔀 Income
DESCRIPTION: travel to board meetings	DESCRIPTION: travel, lodging, meals for board meetings
SAS Expance	
► NAME OF SOURCE	► NAME OF SOURCE
csac-eia	trindel ins. fund
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3017 gold canal dr	po box 457
CITY AND STATE	CITY AND STATE
rancho cordova, Ca 95670	sierra city, Ca 96125
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1 / 1 / 09 12 / 31 / 09 AMT: \$ 3849.86	DATE(S): 1 j 1 j 09 12 j 31 j 09 AMT: \$ 692.06
TYPE OF PAYMENT: (must check one) Gift 🔀 Income	TYPE OF PAYMENT: (must check one) ☐ Gift X income
DESCRIPTION: travel, lodging, meals for several board and committee meetings	DESCRIPTION: travel, lodging, meals for board meetings
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

Name HULBNER, P

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
216 forty niner drive	
СІТУ	CITY
sierra city, ca 96125	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 5 / 2 / 09 / 09 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 CQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trusl Easemenl	Ownership/Deed of Trust Easement
	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each lenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
You are not required to report loans from commercial loans from co	ending institutions made in the lender's regular course ic without regard to your official status. Personal loans
of business on terms available to members of the puble and loans received not in a lender's regular course of	
of business on terms available to members of the published loans received not in a lender's regular course of NAME OF LENDER*	ic without regard to your official status. Personal loans
of business on terms available to members of the public ind loans received not in a lender's regular course of NAME OF LENDER*	ic without regard to your official status. Personal loan: business must be disclosed as follows:
of business on terms available to members of the public nd loans received not in a lender's regular course of state of LENDER* Chase ADDRESS (Business Address Acceptable)	ic without regard to your official status. Personal loan: business must be disclosed as follows:
f business on terms available to members of the publ nd loans received not in a lender's regular course of NAME OF LENDER* Chase DDRESS (Business Address Acceptable) po box 24714	ic without regard to your official status. Personal loan business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the publind loans received not in a lender's regular course of state of the public	ic without regard to your official status. Personal loan business must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the publicand loans received not in a lender's regular course of NAME OF LENDER* Chase ADDRESS (Business Address Acceptable) po box 24714 BUSINESS ACTIVITY, IF ANY, OF LENDER columbus, oh 43224	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not in a lender's regular course of the published loans received not recei	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the public ind loans received not in a lender's regular course of NAME OF LENDER* Chase ADDRESS (Business Address Acceptable) po box 24714 BUSINESS ACTIVITY, IF ANY, OF LENDER columbus, oh 43224	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the publicand loans received not in a lender's regular course of NAME OF LENDER* Chase ADDRESS (Business Address Acceptable) po box 24714 BUSINESS ACTIVITY, IF ANY, OF LENDER Columbus, oh 43224 NYEREST RATE TERM (Months/Years) 7.3	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the public and loans received not in a lender's regular course of NAME OF LENDER* Chase ADDRESS (Business Address Acceptable) po box 24714 BUSINESS ACTIVITY, IF ANY, OF LENDER Columbus, oh 43224 NYEREST RATE TERM (Months/Years) 7.3 _% None 30	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None
of business on terms available to members of the public business on terms available to members of the public business received not in a lender's regular course of the public business of the public business acceptable. Po box 24714 BUSINESS ACTIVITY, IF ANY, OF LENDER Columbus, oh 43224 NYEREST RATE TERM (Months/Years) 7.3% None	ic without regard to your official status. Personal loans business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ————% None HIGHEST BALANCE DURING REPORTING PERIOD

Form 700 Statement of Economic Interest - Expanded Statement

Sierra County Service Area 2 - Supervisor

Sierra County Board of Equalization – District #2

Sierra County Local Transportation Commission – BOS Representative

Sierra County Local Agency Formation Commission (LAFCO) – BOS Representative

Sierra County Airport Advisory Committee – BOS Alternate

Regional Council of Rural Counties (RCRC) - Alternate

Northern Sierra Air Quality Management District – BOS Representative P.O. Box 2305 Grass Valley, CA 95945

NoRTEC, (Northern Rural Training and Employment Consortium) – Member 7420 Skyway
Paradise, CA 95969

CSAC – Excess Insurance Authority – Alternate 301 Gold Canal Drive Rancho Cordova, CA 95670

Trindel Board of Directors – Alternate P.O. Box 289 Sierra City, CA 96125

Long Valley Groundwater Management District – Director #7 C/O Lassen Count Dept. of Community Development 707 Nevada Street, Suite 5 Susanville, CA 96130

JURISDICTION OF OFFICE

MULTI-COUNTY

Alameda Alpine Amador Butte Calaveras Colusa Contra Costa Del Norte El Dorado Fresno Glenn Humboldt Imperial inyo Kern Kings Lake Lassen Madera Marin Mariposa Mendocino Merced Modoc Mono

Nevada Placer Plumas Riverside Sacramento San Benito San Bernardino San Diego San Joaquin San Luis Obispo Santa Barbara Santa Clara Santa Cruz Shasta Sierra Siskiyou Solano Sonoma Stanislaus Sutter Tehama **Trinity** Tulare Tuolumne Ventura Yolo Yuba



. Monterey

Napa